

FI7000003725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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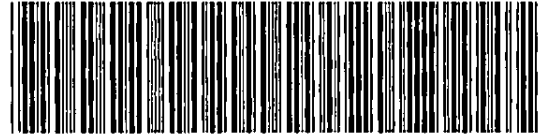
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D BRUCE
AUG 18 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rain Neuromorphics Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Gordon H Wilson
Name of Person

Rain Neuromorphics
Firm/Company

747 Southwest 2nd Avenue INB #10
Address

Gainesville, FL 32601
City/State and Zip code

gordon.hirsch.wilson@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gordon H Wilson at (386) 235-0655
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

6HL ☒ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Rain Neuromorphics Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 82-1871159
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/13/17 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. GHW ~~XXXX~~ N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 747 SW 2nd St, IMB #10 Gainesville FL 32601
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Gordon Hirsch Wilson

Office Address: 747 SW 2nd St, IMB #10
Gainesville Florida 32601
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Gordon Hirsch Wilson
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

11. Name's and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Jack Kendall

Address: 747 SW 2nd Ave, IMB #10
Gainesville, FL 32601

Vice Chairman: Gordon Wilson

Address: 747 SW 2nd Ave, IMB #10
Gainesville, FL 32601

Director: Juan Nino

Address: 747 SW 2nd Ave, IMB #10
Gainesville, FL 32601

Director: _____

Address: _____

B. OFFICERS

President: Jack Kendall

Address: 747 SW 2nd Ave, IMB #10
Gainesville, FL 32601

Vice President: N/A

Address: 747 SW 2nd Ave, IMB #10
Gainesville, FL 32601

Secretary: Gordon Wilson

Address: same as above

Treasurer: Gordon Wilson

Address: same as above

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Gordon Hirsch Wilson

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

3. Gordon Hirsch Wilson

(Typed or printed name and capacity of person signing application)

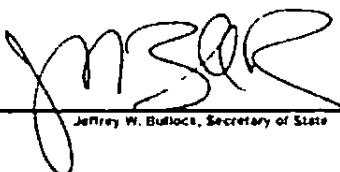
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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "RAIN NEUROMORPHICS INC." IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS
OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF AUGUST, A.D. 2017.



Jeffrey W. Bullock, Secretary of State

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SR# 20175648702

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203032532

Date: 08-09-17